DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. 10011<u>611 -1</u>

As a below named inventor, I hereby declare that

My residence/post office address and citizenship are as Billied below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

System And Method Fo	or Virus	Checking	Software
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System And Method For Alfus Checki	ng Software	
the specification of which is attached (X) was filed on Nov 29, 2001 Number 09/997454		PCT International Application
I hereby state that I have reviewed a including the claims, as amended by disclose all information which is mate	any amendment(s) referred to	above I acknowledge the duty to
Enroign Application(s) and/or Olain of Fault of	Dut - uta	

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED	UNDER 35 U.S.C. 119
			YES:	NO:
			YES:	NO:

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

	APPLICATION NUMBER	FILING DATE
-		
		1

COPY OF PAPERS ORIGINALLY FILED

U. S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION NUMBER	FILING DATE	STATUS (patented/pending/abandoned)
	•	

POWER OF ATTORNEY:

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Customer Number

022879

Place Customer Number Bar Code Label here

Send Correspondence to: **HEWLETT-PACKARD COMPANY Intellectual Property Administration** P.O. Box 272400 Fort Collins, Colorado 80527-2400

Direct Telephone Calls To:

William J. Streeter

(970) 898-3886

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: _ f	Nikolay Mate v	Citizenship:_86_ US	NM
Residence:	3 F x Hill Road Act n, MA 01720		
	Sam as Residence		
Inventor's Signature	lev	1/23/2002)
meditor a Signature		Date	

DECLARATION AND POWER CHATTORNEY FOR PATENT APPLICATION (continued)

ATTORNEY DOCKET NO. 10011611 -1

Full Name of # 2 joint inventor	: Giuseppe Desoli		Citizenship: IT	
Residence:	27 Desmond Street Watert wn, MA 02472			
Post Office Address:	Same as resid nce			
/h_//. \/	√	C	1/23/2002	
Inventor's Signature		Date	1/2/2-02	
Full Name of # 3 joint inventor	:		Citizenship:	
Residence:	-	**		
Post Office Address:				
Inventor's Signature				
miventor's dignature		Date		
				
Full Name of # 4 joint inventor	:		Citizenship:	
Residence:				
Post Office Address:			-	
Inventor's Signature		Date		
			COPY OF PAPERS ORIGINALLY FILED	
Full Name of # 5 joint inventor	:		Citizenship:	
Residence:		· · · · · · · · · · · · · · · · · · ·	On Zenenip.	
Post Office Address:				
Inventor's Signature		Date		
Full Name of # 6 joint inventor	:		Citizenship:	
Residence:				
Post Office Address:	<u> </u>			
Inventor's Signature				
mventor s Signature		Date		
Pull M				
Full Name of # 7 joint inventor	:		Citizenship:	
Residence:				
Post Office Address:		X		
Inventor's Signature		Date	·	
Full Name of # 8 joint inventor	:		Citizenship:	
Residence:				
Post Office Address:				
Inventor's Signature		Date		